


Entered - 09/14/01 - sb
CL0L0557 - DIANNE C. MITCHELL

01- *R* -1623

CLAIM OF: **CARRIE L. COOPER**
3586 Dyer Parke Lane
Marietta, Georgia 30060

For damages alleged to have been sustained as a result of vehicular damage due to an object in the roadway on August 7, 2001 at Glenridge Road entrance onto Interstate 285.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0557

Date: September 20, 2001

Claimant /Victim CARRIE L. COOPER

BY: (Atty)(Ins. Co.) _____

Address: 3586 Dyer Parke Lane, Marietta, Georgia 30060

Subrogation: _____ Claim for Property damage \$ 4,524.01 Bodily Injury \$ _____

Date of Notice: 08/23/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 08/07/01 Place: Glenridge Road entrance onto Interstate 285

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained damage to her vehicle when she drove over an object in the roadway. The investigation determined that the location where this incident occurred is outside the Atlanta City limits and is also a part of the Georgia State highway system. The claimant has been advised to pursue her claim with the State of Georgia Department of Transportation.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-20-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

AUG 23 2001

RE: CLAIM FOR DAMAGES

Today's Date: 8/17/01

ENTERED - 9-14-01 - SB
01L0557 - DIANNE MITCHELL

Dear Municipal Clerk:

MUNICIPAL CLERK

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4524.01 property and/or \$ None bodily injury for which I contend the City is liable.

1. Date of incident: 8-7-01 (month/day/year) 2. Time of Incident: 7:15 AM 3. Police called: Yes ☒ No

4. Location of incident (including street address): Henrieger exit onto 285 Ea.

5. Name of your insurance company: CIGNA Ins. Co. Policy No. 4019523464

6. State what and how incident occurred: I was on Henrieger road went down to No. side then turned around came up on R side Henrieger Rd to get onto 285 Ea. as I travel approx 2 mins onto the ramp I saw a pc of something in my way. It was a one lane chive, I tried not to hit it but it was in my path.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Dodge Neon (Make) 01 (Year) applied for (Tag Number) Carrie L Cooper (Driver's Name)

City vehicle: None (Make) None (City Driver's Name) None (Department/Bureau)

9. Witness: None (Name) None (Address) None (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Carrie L Cooper
Signature of Claimant

CARRIE L. COOPER
(Print Claimant's Name)

3586 DYER PARK, LN.
(Address)

MARIETTA GA. 30060
(City, State and Zip Code)

404-252-1368 & 1364
(Work Number) (Home Number)

770-433-2119

01-R-1623